
State: Arkansas **Filing Company:** Standard Life and Accident Insurance Company
TOI/Sub-TOI: H08G Group Health - Intensive Care - Limited Benefit/H08G.000 Health - Intensive Care - Limited Benefit
Product Name: SL-VERSEND2
Project Name/Number: /

Filing at a Glance

Company: Standard Life and Accident Insurance Company
Product Name: SL-VERSEND2
State: Arkansas
TOI: H08G Group Health - Intensive Care - Limited Benefit
Sub-TOI: H08G.000 Health - Intensive Care - Limited Benefit
Filing Type: Form
Date Submitted: 09/04/2012
SERFF Tr Num: ANTX-128668891
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: SL-VERSEND2

Implementation
Date Requested:
Author(s): Patty Clavette
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 09/10/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas
TOI/Sub-TOI: H08G Group Health - Intensive Care - Limited Benefit/H08G.000 Health - Intensive Care - Limited Benefit
Product Name: SL-VERSEND2
Project Name/Number: /

Filing Company: Standard Life and Accident Insurance Company

General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small and Large
Group Market Type: Employer Overall Rate Impact:
Filing Status Changed: 09/10/2012
State Status Changed: 09/10/2012 Deemer Date:
Created By: Patty Clavette Submitted By: Kellie Jones
Corresponding Filing Tracking Number:

Filing Description:

On behalf of the Company, I am submitting Endorsement SL-VERSEND2 for use with Employer Group Accident and Sickness PolicySL-VERSEP-AR, Approved by the Department on August 10, 2011, under SERFF No. ANTX-127357722.

When coverage under the Policy is issued on a Guaranteed Issue basis, the Endorsement waives the waiting period and pre-existing conditions limitations for covered employees and their dependents.

When the Policy replaces an Employer's health plan that terminated the day before the new Policy's effective date, the Endorsement gives whole or partial credit for the waiting period and pre-existing condition limitations that were satisfied under the prior plan.

Thank you for your review of this submission.

Company and Contact

Filing Contact Information

Patty Clavette, Compliance Analyst patty.clavette@anico.com
One Moody Plaza 17th Floor 832-864-3246 [Phone]
Galveston, TX 77550 409-766-2080 [FAX]

Filing Company Information

Standard Life and Accident Insurance Company	CoCode: 86355	State of Domicile: Texas
One Moody Plaza, SSH MP, Ste. 200	Group Code: 408	Company Type: Health Insurance
Galveston, TX 77550	Group Name:	State ID Number:
(281) 538-4842 ext. [Phone]	FEIN Number: 73-0994234	

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:

State: Arkansas **Filing Company:** Standard Life and Accident Insurance Company
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Product Name: SL-VERSEND2
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Per Company: No

Company	Amount	Date Processed	Transaction #
Standard Life and Accident Insurance Company	\$50.00	09/04/2012	62235000

SERFF Tracking #:	ANTX-128668891	State Tracking #:		Company Tracking #:	SL-VERSEND2
State:	Arkansas	Filing Company:	Standard Life and Accident Insurance Company		
TOI/Sub-TOI:	H08G Group Health - Intensive Care - Limited Benefit/H08G.000 Health - Intensive Care - Limited Benefit				
Product Name:	SL-VERSEND2				
Project Name/Number:	/				

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/10/2012	09/10/2012

SERFF Tracking #:	ANTX-128668891	State Tracking #:		Company Tracking #:	SL-VERSEND2
State:	Arkansas	Filing Company:	Standard Life and Accident Insurance Company		
TOI/Sub-TOI:	H08G Group Health - Intensive Care - Limited Benefit/H08G.000 Health - Intensive Care - Limited Benefit				
Product Name:	SL-VERSEND2				
Project Name/Number:	/				

Disposition

Disposition Date: 09/10/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Third Party Authorization	Approved-Closed	Yes
Form	Endorsement	Approved-Closed	Yes

State:	Arkansas	Filing Company:	Standard Life and Accident Insurance Company
TOI/Sub-TOI:	H08G Group Health - Intensive Care - Limited Benefit/H08G.000 Health - Intensive Care - Limited Benefit		
Product Name:	SL-VERSEND2		
Project Name/Number:	/		

Form Schedule

Lead Form Number: SL-VERSEND2							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 09/10/2012	SL-VERSEND2	POLA	Endorsement	Initial:		SL_VERSEND2.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

Standard Life and Accident Insurance Company

A Member of the American National Family of Companies – A Texas Corporation

Home Office: One Moody Plaza, Galveston Texas 77550

Toll-Free Telephone Number: 1-888-350-1488

(A Stock Company hereafter referred to as "Standard Life", "We", "Us", "Our" or "the Company")

ENDORSEMENT

This Endorsement amends and modifies such insurance as is afforded by the provisions of:

Policy Number: _____

Policy Effective Date: _____

GUARANTEED ISSUE PLAN

When coverage under this Policy is issued on a Guaranteed Issue basis, the Pre-existing Condition limitation and the Waiting Period limitation under this Policy are waived in their entirety for each covered Employee and their covered Dependents. This waiver of limitations does not apply to any newly enrolled Employees who are added after the Employer's Policy effective date.

REPLACED PLAN

When this Policy replaces an Employer's health plan that terminated the day before this Policy's effective date, credit, either in whole or partial, for the time period covered under the Employer's prior health plan will be given to each covered Employee and their covered Dependents for satisfaction of the Pre-existing Condition limitation and Waiting Period limitation under this Policy.

Coverage of Employees and Dependents under the Employer's prior health plan must have terminated the day prior to this Policy effective date in order to receive this credit. This credit does not apply to any newly enrolled Employees who are added after the Employer's Policy effective date.

Except as stated in this Endorsement, nothing contained in this Endorsement will be held to change, waive or extend any provisions of the Policy. This Endorsement expires when coverage under the Policy expires.



Secretary

SERFF Tracking #:	ANTX-128668891	State Tracking #:		Company Tracking #:	SL-VERSEND2
State:	Arkansas	Filing Company:	Standard Life and Accident Insurance Company		
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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	09/10/2012
Comments:			
Attachment(s):			
readability certification VERSEND2.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	09/10/2012
Bypass Reason:	N/A Rider Form		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Third Party Authorization	Approved-Closed	09/10/2012
Comments:			
Attachment(s):			
SLAICO AUTHORIZATION el sig.pdf			

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
ONE MOODY PLAZA
GALVESTON, TEXAS

READABILITY CERTIFICATION

We hereby certify that form(s) SL-VERSEND2 has achieved a Flesch scale readability score that meets the minimum reading ease score as required by law.

A handwritten signature in dark ink, appearing to read "James P. Stelling", is positioned above a horizontal line.

James P. Stelling
Vice President , Health Compliance

Date: September 4, 2012



A MEMBER OF THE AMERICAN NATIONAL FAMILY OF COMPANIES
STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
One Moody Plaza, Galveston, Texas 77550-7999

December 30, 2010

Commissioner of Insurance

Re: Letter of Authorization

Dear Sir or Madam:

This letter authorizes Patty Clavette, an independent contractor, to submit health forms on behalf of the Company.

Sincerely

William H
Watson III

Digitally signed by William H
Watson III
DN: cn=William H Watson III,
c=US, o=American National,
email=bill.watson@anico.com
Date: 2011.01.21 09:44:36
+06'00'

William H. Watson, III

Patty Clavette
patty.clavette@anico.com 225.677.9015 fax 409.766.2080